GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services under Section 9817 of the American Rescue Plan Act of 2021

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director/Medicaid Director

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Initial Spending Plan and Narrative for Enhanced Funding for Medicaid Home and Community-Based Services under Section 9817 of the American Rescue Plan Act of 2021

I am pleased to submit this spending plan to the Centers of Medicare and Medicaid Services (CMS) for review and approval. The initiatives set forth therein represent the District of Columbia's initial vision on how best to utilize American Rescue Plan Act (ARPA) funds to enhance, expand, and strengthen home and community-based services (HCBS) delivered to District residents.

Development of this submission was guided by a set of core considerations. Through implementation of the identified initiatives the District hopes to 1) minimize existing gaps in the District Medicaid HCBS delivery system; 2) increase capacity for HCBS providers and the District to deliver high quality services to District residents in the wake of the COVID-19 public health emergency; and 3) build upon existing care transformation efforts already under way in the District to be more inclusive of HCBS providers.

This submission was informed by input from an array of District stakeholders. If approved, the District remains committed to continued engagement with these stakeholders as it moves toward implementation of identified initiatives.

Additionally, the District provides the following assurances:

- The District is using the federal funds attributable to the increased FMAP to supplement and not supplant existing local funds expended for Medicaid HCBS in effect as of April 1, 2021.
- The District is using local funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.
- The District is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021.

- The District is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021.
- The District is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Eugene Simms, Special Assistant, Office of the Director, will serve as the District's point of contact for the quarterly spending plan and narrative submissions. Should you have any questions on this submission, please do not hesitate to contact Eugene Simms at 202.427.1509 or eugene.simms@dc.gov.

Sincerely,

Melisa Byrd
Senior Deputy Director/Medicaid Director

Summary and Background

Section 9817 of the American Rescue Plan Act of 2021 (ARPA) (Pub. L. 117-2) provides states with a temporary ten (10) percentage point increase to the federal medical assistance percentage (FMAP) for Medicaid home and community-based services (HCBS). States must use funds equivalent to the amount of federal funds attributable to the increased FMAP to implement activities that enhance, expand, or strengthen Medicaid HCBS.

Under ARPA a state may claim the increased FMAP for Medicaid expenditures on:

- Home Health and Private Duty Nursing;
- Personal Care Services;
- Behavioral Health Rehabilitative Services;
- 1915(c) Waiver Services;
- 1915(i) State Plan Services; and
- Program of All-inclusive Care for the Elderly (PACE).

States are permitted to claim the increased FMAP whether HCBS are delivered through managed care or approved under 1115 Demonstration.

In the District of Columbia, Medicaid HCBS services are administered, primarily, by three District agencies. At a high level, the Department of Health Care Finance (DHCF), the single state agency, is responsible for oversight and administration of State Plan Home Health services (personal care aide services, in-home nursing, durable medical equipment, etc.), the 1915(i) Adult Day Health Program, the 1915(c) HCBS Waiver for the Elderly and Persons with Physical Disabilities (EPD Waiver), and HCBS delivered under managed care.

In coordination with DHCF, the Department of Behavioral Health (DBH) provides oversight of behavioral health rehabilitative services (Mental Health Rehabilitation Service (MHRS) and Adult Substance Abuse Rehabilitation Services (ASARS)) delivered under the State Plan, as well as 1915(i) Supported Employment services approved under the Section 1115 Medicaid Behavioral Health Transformation Demonstration (BHT: 11-W-00331/3).

The Department on Disability Services (DDS) provides support for District residents with intellectual and developmental disabilities (I/DD). In coordination with DHCF, DDS administers and provides programmatic oversight of two of the District's 1915(c) HCBS Waivers: 1915(c) HCBS Waiver for People with Intellectual and Developmental Disabilities (IDD Waiver) and the 1915(c) HCBS Waiver for Individual and Family Support (IFS Waiver).

The temporary FMAP for Medicaid HCBS will allow the District to enhance, expand, and strengthen the HCBS Medicaid programs outlined above. The ARPA funding

opportunity comes as the District continues to respond the COVID-19 public health emergency and take steps to transform the Medicaid delivery system.

In 2019, the District announced its intent to transition its delivery system to full managed care and reform care delivery into a more organized, accountable, and person-centered system (focused on whole-person care) that best supports the District's Medicaid beneficiaries in managing and improving their health. The District's work to transition HCBS, which has traditionally been delivered fee-for-service, to managed care is moving at pace. The District is expanding its Dual Choice program and launching its Program for the All-Inclusive Care for the Elderly for the more than 36,000 District residents eligible for both Medicare and Medicaid. Meanwhile, the District is working to ensure access to services and preserve its HCBS workforce during a global pandemic. It is this background that informs the concerns of District stakeholders and the initiatives that the District hopes to implement using ARPA funding.

Stakeholder Engagement

Public Engagement

The District took the following actions to support public notice and awareness of the ARPA Section 9817 funding opportunity before submission to CMS on July 12, 2021.

Close to the release of SMD #21-003 on May 13, 2021, the District presented on the funding opportunity and solicited stakeholder input at public hearings offered on different dates and times to maximize opportunity for public input. In addition to resident testimony presented during DDS and DHCF budget oversight hearings in June, the District also heard stakeholder feedback during public hearings held at the date and times listed below:

Department of Behavioral Health (DBH) Provider Meeting
Date: March 11, 2021
Time: 12:00pm to 1:00pm
Location: Web conference and Teleconference only

Department on Disability Services (DDS) Community and Provider ARPA Forum
Date: June 18, 2021
Time: 12:00pm to 1:00pm
Location: Web conference and Teleconference only

Department on Disability Services (DDS) Weekly Community and Provider Forum
Date: June 25, 2021; July 2, 2021
Time: 12:00pm to 1:00pm
Location: Web conference and Teleconference only

The Department on Disability Services was able to solicit further feedback and comments from the community and provider network during these meetings.

Medicaid Medical Care Advisory Committee (MCAC) Long Term Services and Supports Subcommittee
Date: June 29, 2021
Time: 4:30PM – 5:30PM
Location: Web conference and Teleconference only

DC MCAC Meeting
DHCF also presented information and heard stakeholder input on the ARPA Section 9817 funding opportunity during the **June 02** and **June 23** meetings of the DC MCAC. The DC MCAC is a forum for key participants and stakeholders in the Medicaid program, including consumers, advocates, providers, and District officials to review the program's operations and offer advice for improvements directly to DHCF. Information on the June meeting of the DC MCAC is available on the DHCF website at https://dhcf.dc.gov/page/dc-medical-care-advisory-committee.

Common Themes in Public Comment
The District established an ARPA planning webpage at https://dhcf.dc.gov/page/arpa-hcbs-planning to solicit stakeholder feedback, disseminate presentations and other relevant information, and direct stakeholders to send written comments to the relevant District staff person. The District also made a draft version of this submission available for public review on July 08, 2021 at the above website.

The District received __ written comments, as well as additional oral comments during the months prior to submission. A summary of common themes is outlined below.

Provider Reimbursement and Workforce Retention, Recruitment, and Development
Stakeholders encouraged the District to use local savings to invest in workforce development initiatives, including new training and apprenticeship programs for HCBS direct care workers.

Additionally, the HCBS provider community highlighted the challenges they face in recruiting and retaining qualified direct care staff. Providers cited rising wages in other sectors, licensure/certification costs, and a general lack of awareness of the direct care career path as barriers to building a stronger labor pool. Stakeholders requested that the District take steps to address the critical shortage of direct care workers. Stakeholders recommended increasing payment rates for direct care workers in HCBS settings as a means of mitigation. Specifically, stakeholders requested that the District ensure HCBS provider reimbursement methodologies have funding to support increased wages for any direct care workers with advanced training, advanced skills, or increased responsibility.

Infrastructure and Capacity Building

As the District pursues Medicaid reform and the establishment of an integrated, person-centered system, it must update its quality oversight strategies and clinical case management systems in anticipation of a multi-payer and managed care landscape. Agency and public stakeholders highlight the need for major investment in system improvements and provider infrastructure to ensure the District can achieve its goal of person-centered care delivery.

Transitions of Care/Coverage Support for Beneficiaries
Additional HCBS and health care coverage options for District Medicaid beneficiaries are in development and will be implemented over the next few years. Stakeholders highlighted the need for increased beneficiary supports as they navigate the changing delivery system.

Expanding Access to Services
Stakeholders requested that the District establish initiatives that would ensure equitable access to technology for beneficiaries receiving HCBS, especially in the areas of telehealth.

Additionally, stakeholders requested that the District increase access to HCBS services by expanding District 1915(c) waivers and adding to the range of HCBS services offered under the State Plan. Of note, stakeholders requested that the District add more HCBS options for individuals who do not yet need or meet an institutional level of care. Stakeholders in the disability community specifically requested that self-directed services be added to the 1915(c) IFS Waiver.

Initial Spending Plan Narrative

The District reviewed stakeholder inputs and proposes enhancement activities to address key areas of need. The District notes the challenge inherent in using time-limited funding to sustain long-term changes to the scope of HCBS. In most instances, the District is proposing to use ARPA funding to support one-time infrastructure expenditures with minimal long-term costs, address near-term challenges like workforce shortages, or fund pilots/short-term projects to inform future changes to the program. Enhancement activities that are not time-limited will be sustained using available local funding allocated to administering agencies during the District's budget development process.

Provider Reimbursement and Workforce Recruitment, Retention, and Development

District HCBS providers and HCBS providers across the nation, are facing challenges in recruiting and retaining direct care staff in the wake of COVID-19. During the COVID-19 public health emergency, the District witnessed an increase in the direct care staff vacancy rate across the HCBS system. Maintenance of a robust, well-trained workforce is vital to the District's ability to deliver high quality HBCS to District residents. To ensure

the viability of all other enhancement activities proposed under this initiative, the District is proposing major investments in Medicaid HCBS provider workforce.

- **Direct Support Professional Bonus Payment**
  Projected Cost: $4.6M
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Utilize ARPA funding for bonus payments to a targeted group of direct support professionals that deliver services under the 1915(c) HCBS Waiver for People with Intellectual and Developmental Disabilities and the 1915(c) HCBS Waiver for Individual and Family Support.

- **Direct Care Worker Recruitment and Conversion Bonus Payments**
  Projected Cost: $8.14M
  Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

  To increase the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund one-time bonuses through disbursements to HCBS providers for (1) recruitment of new, certified direct care staff to deliver Medicaid-reimbursable services; and (2) conversion of staff employed during the PHE through reciprocity or flexibility agreements to certified direct care staff.

- **Direct Care Worker Retention Bonus Payments**
  Projected Cost: $17.7M
  Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

  To maintain the pool of qualified staff available to HCBS providers and ensure continuity of care for existing and future HCBS program participants, fund worker bonuses through disbursements to HCBS providers for payment of year-over-year retention bonuses to certified direct care staff in Medicaid service delivery. The initiative will fund up to two retention bonuses to workers meeting program requirements.

- **Direct Care Worker Transportation Benefit**
  Projected Cost: To Be Determined (TBD)
  Programs Impacted: 1915(c) EPD Waiver; State Plan Home Health

Fund an update to HCBS provider reimbursement methodologies that supports the reasonable costs associated with direct care workers traveling to provide services to Medicaid beneficiaries.

- **Direct Care Worker Training**
  Projected Cost: $400,000
  Programs Impacted: 1915(c) EPD Waiver; 1915(c) IFS Waiver; 1915(c) IDD Waiver; 1915(i) ADHP; State Plan Home Health

  Education and resources for training direct care and provider staff on person-centered thinking, HCBS Setting rules, behavior management supports for people experiencing cognitive decline or with other complex care needs.

- **Direct Care Worker Vaccination Incentive**
  Projected Costs: TBD
  Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health; ASARS; MHRS

  Under this initiative the District will reimburse HCBS providers for reasonable costs incurred to incentivize direct care workers to receive the COVID-19 vaccine and any recommended boosters. The District will reimburse providers for the costs associated with staff bonus payments, paid leave, or other incentive structure approved by the District.

- **DDS Behavioral Health Initiative**
  Projected Costs: $1M
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

  Contract with the Center of START Services at the University of New Hampshire (UNH) Institute on Disability and related costs to provide consultation for the development of a START clinical team (a community-based tertiary care crisis intervention system for individuals with IDD and behavioral health needs). Engage with the Institute for Applied Behavior Analysis to provide ongoing training in Positive Behavior Supports for both DDS and DBH non-clinician providers and the goal would be to teach them how to manage behaviors (not necessarily dangerous behaviors) and build functional skills.

- **Retainer Payment Extension**
  Projected Costs: $1.01M

Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund extension of retainer payments for IDD/IFS day providers as authorized by SMD #21-003.

- **Developmental Disability Provider Rate Study**
  Projected Costs: $1.1M
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Conduct a study on the adequacy reimbursement for providers under the IFS and IDD waivers by engaging the services of an external actuary to evaluate Medicaid reimbursement rates for all services, with the goal of ensuring the reimbursement rates remain competitive and adequate for high-quality services and supports to Medicaid recipients.

Expanding Services and Increasing Access to Services

The District continues its work to improve and expand the array of HCBS services available to residents. The District is proposing key enhancements to the scope of HCBS to better to meet the needs of the individuals served by HCBS programs, as well as programmatic enhancements to ensure access to high-quality services in the community.

- **Certified Medication Aides (C-MAs) and Services**
  Project Costs: TBD
  Programs Impacted: State Plan Home Health

  Expand scope of services of State Plan Home Health services to include services provided by C-MAs; update home health reimbursement methodology to establish reimbursement rate for C-MAs.

- **DDS Telehealth Initiative**
  Projected Costs: $1.42M
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Increase access to telehealth for beneficiaries with I/DD by acquiring application and technology solutions that will allow them to remotely access urgent care physician services.

- **Therapeutic Services to Prevent Functional Decline**
  Projected Costs: $10M

Programs Impacted: 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; 1915(i) ADHP; State Plan Home Health

Fund implementation of services and programmatic changes to increase the capacity of beneficiaries to remain in the community. Activities include establishment of a triage team to focus on high-risk beneficiaries (as identified by enhanced InterRAI tools described below); funding for changes to the scope of State Plan DME; and recruitment of physical therapy assistants, as extenders to physical therapists.

- **1915(c) IFS Waiver Self-Directed Services**
  Projected Costs: $1.85M
  Programs Impacted: 1915(c) IFS Waiver

  Expand the IFS Waiver to include self-direction. Working with their care planning team and within the parameters of their person-centered service plan, self-direction will permit individuals and their families/guardians to determine what mix of services and supports works best for them by expanding their degree of choice and control. Additionally, self-direction will allow individuals and their families/guardians to exercise employer authority to recruit, hire, supervise, and discharge qualified workers who provide participant-directed support. ARPA funding will cover the service until Sept 30, 2023.

- **Remote Patient Monitoring Pilot**
  Projected Costs: $225,000
  Programs Impacted: N/A

  Pilot program to test strategies that may be used to develop a reimbursement policy for remote patient monitoring (RPM). This pilot grant program will cover the cost of using remote patient monitoring devices services for individuals with chronic conditions or using home and community-based services, especially those at risk for adverse outcomes due to coronavirus (COVID-19).

- **Assisted Living Facility (ALF) Study**
  Projected Costs: $350,000
  Programs Impacted: 1915(c) EPD Waiver

Fund and conduct survey of ALF providers and HCBS beneficiaries in the District to determine scope of need; provider capacity; and inform determination of appropriate level of care for accessing ALF services.

Quality Oversight, Infrastructure, and Provider Capacity Building

The HCBS system is complex, with several technology systems and extensive data infrastructure. Continual maintenance and updates are necessary to adequately prepare for the future. Advancement is necessary to support District residents who rely on our systems to access services, seek resources, and gauge provider quality. For these reasons, the District proposes investments to elevate the current suite of tools and technology and to develop new and emerging systems that will prepare us for the future.

Additionally, the District must be mindful of provider infrastructure needs to meet increasing expectations set by the Medicaid program. The District's goal is to be a purchaser of value-based health care and be a leading force in the development of a health system that can provide whole-person care. ARPA presents a unique opportunity for the District to make investments in provider infrastructure that can help us meet that goal.

HCBS providers have historically been unable to participate in programs such as the Medicaid EHR Incentive Program, which encourages the meaningful use and interoperability of certified electronic health record (EHR) systems, as well as the DC Health Information Exchange (HIE) Connectivity Program, which provides education, training and enrollment to the DC HIE. The District's provider infrastructure enhancements will build on existing efforts to be more inclusive of HCBS providers.

Finally, the COVID-19 public health emergency highlighted the vital role of telehealth in the health care delivery system. The District is proposing several initiatives to expand access to telehealth for residents receiving HCBS.

- **Electronic Health Records (EHR) Incentive Program**
  Projected Costs: $8.7M
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

  Modeling the HITECH funded DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program), DC proposes to incentivize HCBS providers to adopt certified electronic health records (EHRs) and connect to the DC Health Information Exchange (HIE); expanding HCBS providers capacity to communicate with the broader health system by encouraging the secure

interoperability of patient records via the providers EHR and enabling whole person care and population health management via the DC HIE.

- **HCBS Telehealth Project**
  Projected Costs: $740,000
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; ASARS; MHRS

  Create a technical assistance (TA) program that builds on efforts to expand use of certified electronic health record technology (CEHRT), extends telehealth investments made during the pandemic and encourages the use of remote patient monitoring devices in alignment with the aforementioned remote patient monitoring pilot.

- **InterRAI Expansion**
  Projected Costs: $5M
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

  The District proposes to expand its suite of InterRAI tools to better assess beneficiary care needs and risks for adverse health events. The InterRAI is the assessment tool DHCF utilizes for long-term services and supports. Expanding the suite of tools will allow the District to ensure implementation of all appropriate interventions for individuals at high risk of poor health outcomes; and it will inform the District's knowledge base with regard to the efficacy of current service models and services.

- **DDS Assistive Technology Solution Pilot**
  Projected Costs: $190,000
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Pilot use of an artificial intelligence-based platform to streamline identification of enabling/assistive technology solutions for people with developmental disabilities.

- **DDS Information Technology System**
  Project Costs: $204,000
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

Updates to support DDS HCBS functions as well as purchase the equipment needed to handle data processing. Focus will be on migrating DDS's HCBS systems to a cloud-based server and allow for critical improvements to system infrastructure.

- **DDS Remote Support and Enabling Technology**
  Project Costs: $1.88M
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Utilize ARPA funding to acquire an inventory of technology that will be disseminated to people with I/DD. Individuals' Support Planning Teams will conduct person centered assessments to effectively match people to the technology solutions that are available in the inventory. This project will be implemented to increase Remote Support and Enabling technology utilization amongst people living in Host Home, Supported Living, and/or Natural Home settings.

- **DDS Stakeholder Technical Assistance**
  Projected Costs: $508,000
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Initiate consultation (education and training) with DDS stakeholders to build the familiarity with telehealth resources/consumer technology and speed adoption by DDS stakeholders.

- **Quality Management Contractor**
  Projected Costs: $2M
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; D-SNP; PACE

  Solicit a contractor to support the District's planned transition to MLTSS to promote more outcome-based care delivery in LTCSS, assist DHCF in developing an overarching value-based purchasing program across all LTSS programs, and implement program structures that will ensure quality of care across all new programs, especially MLTSS.

- **Clinical Case Management System Enhancements**
  Projected Costs: $850,000

Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver

Fund enhancements to District's web-based clinical case management system to streamline eligibility processing, simplify beneficiary appeals processing, and improve functionality and system interfacing in anticipation of MLTSS expansion. Implement novel and technologically advanced tools for conducting ongoing quality improvement and performance review activities.

- **Customer Satisfaction Survey**
  Project Costs: $2M
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver; 1915(c) IDD Waiver; 1915(c) IFS Waiver; D-SNP; PACE

  Contract with a CAHPS vendor with goal of increasing beneficiary response rates, adding anonymity to the consumer survey methodology, utilizing the entire CAHPS tool, and increasing areas of possible intervention.

Beneficiary Education, Support, and Transitions of Care

The District proposes several initiatives that will provide additional supports for beneficiaries navigating the HCBS system and social services; enhancement activities to improve transitions of care; and initiatives to increase health literacy and beneficiary satisfaction.

- **Case Management Support**
  Projected Costs: $1.2M
  Programs Impacted: 1915(c) EPD Waiver; PACE; D-SNP

  Fund additional case management services and supports to assist in the facilitated transition of Dual Eligible participants from 1915(c) EPD Waiver to enrollment in a Duals Special Needs Plan or otherwise support the transition of individuals into MLTSS options coming online in the District.

- **DDS Housing Coordinator**
  Projected Costs: $115,000
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Employment of a full time equivalent (FTE) that will maximize housing opportunities for people transitioning out of institutional and related settings into

the community. This FTE will also be responsible for assisting people who are supported by Medicaid funds and living in the community to identify options for remaining in the community.

- **HCBS Health Literacy Program**
  Projected Costs: $800,000
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver

  Establishment of an educational program to increase beneficiary and provider capacity to improve health outcomes, customer satisfaction, increase the likelihood of beneficiaries to remain in the community, and train providers on person-centered thinking.

- **DDS COVID-19 Impact Study**
  Projected Costs: $100,000
  Programs Impacted: 1915(c) IDD Waiver; 1915(c) IFS Waiver

  Use ARPA funding to conduct a comprehensive research study into the short- and long-term effects COVID has had on people supported by DDS.

- **LTSS Referral Management System**
  Projected Costs: $55,000
  Programs Impacted: State Plan Home Health; 1915(i) ADHP; 1915(c) EPD Waiver

  Fund implementation of a processing system to streamline and enable better management of HCBS individuals transitioning to and from institutional settings.

Initial Spending Plan Projections

[PENDING UPDATE]

Year of Reinvestment	Year 1	Year 2	Year 3	Total
Time Period	4/1/21 - 3/31/22	4/1/22 - 3/31/23	4/1/23 - 3/31/24	
State Match Share By Year				100%
State Match by Year				$88,471,500
Supplemental Funding				

Reinvested State Match				
Federal Match				
Subtotal: Supplemental Funding				
Federal Match Attributable to FMAP				
Base FMAP				
FMAP Increases (ARPA + FFCRA)				
Subtotal: Federal Match				